

# Colonoscopy Preparation

## Diabetes Medication Instructions

### **IMPORTANT INFORMATION ABOUT YOUR DIABETES MEDICINES**

These are general guidelines. If you have questions about your diabetic medications or monitoring, ask your primary care provider or endocrinologist. **Do not wait until the day before the test.**

### **Check your blood glucose**

- Test throughout the preparation period
- Check before taking clear liquids and at bedtime or if you have symptoms
- If your blood sugar is below 80 mg/dl: take 15-20g carbohydrate
  - o Examples of 15-20g carb include: 4oz ensure/boost clear, clear apple juice, white grape juice, regular sweetened gelatin, or orange ice pop
  - o Wait 10-15 minutes and test again, repeat if still below 80 mg/dl

If you take:	Day before colonoscopy:	Day of colonoscopy:
Diabetes medications by mouth	Take half of your normal dose in the morning. DO NOT take evening dose	DO NOT take before procedure
Injectable (non-insulin) medications  (Byetta, Bydureon, Saxenda, Victoza, Trulicity, Ozempic, Wegovy, Symlin, Rybelsus, Mounjaro, Tanzeum, Zepbound)	For those taken every day, take your usual dose (Saxenda, Victoza, Byetta)  <b>For those taken once a week</b> (Trulicity, Ozempic, Wegovy, Symlin, Rybelsus, Bydureon Mounjaro, Tanzeum, Zepbound), <b>DO NOT TAKE WITHIN 7 DAYS OF THE PROCEDURE</b>	For those taken every day, <b>DO NOT take before procedure</b> (Saxenda, Victoza, Byetta)  <b>For those taken once a week</b> (Trulicity, Ozempic, Wegovy, Symlin, Rybelsus, Bydureon Mounjaro, Tanzeum, Zepbound), <b>DO NOT TAKE WITHIN 7 DAYS OF THE PROCEDURE</b>
Fast-acting insulins (Humalog, Novolog, Apidra, Regular, NPH, or premixed)	Take half of your usual dose in the evening	DO NOT take your morning dose  Take evening dose only if you are eating
Long-acting insulins (Lantus, Levemir, Degludec, Tresiba)	Take usual full dose	Take usual full dose
Insulin Pump	Continue your basal rate. If your glucoses are consistently under 100, reduce your basal rate to 75% of your usual rate*. Only do correctional boluses for glucoses of 200 or higher.	Continue your basal rate. If your fasting glucose is under 130, reduce your basal rate to 75% your usual rate*. DO NOT do correctional boluses the morning of the procedure.

\*Ask your endocrinologist any questions about how to manage your pump settings before the procedure.